



## INCIDENT REPORT FORM

NOTE: Submit this report to your local agent as soon as possible.

Name of the injured person \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Accident \_\_\_\_\_ Time \_\_\_\_\_

Location of Incident \_\_\_\_\_

\_\_\_\_\_

If the injured person is a child or under the age of 21, give parents name, address, and telephone number.

Parents Name \_\_\_\_\_

Address Phone \_\_\_\_\_

Names/Address/Phone number of other parties involved. \_\_\_\_\_

\_\_\_\_\_

State the exact nature of injury. \_\_\_\_\_

State in detail how accident occurred. \_\_\_\_\_

Give name and address of Physician or Hospital used. \_\_\_\_\_

What was done with injured person and by whose orders? \_\_\_\_\_

Give names, addresses, phone numbers of three witnesses of accident (preferably an adult).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If you have any questions, please contact your local agent or Bliss McKnight.

NOTE: All claims are handled in our Bloomington, Illinois office: 1-800-322-3391